

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 585556

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
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7							
8							
9							
10							
11							
12							
13	1						
14		1					
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19							
20							
21	1						
22		1					
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24		1					
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27	1						
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48							
49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			5		↓		↓
TOTAL DEP.			47		←		←
TOTAL CLAIMS							